



### Computed tomography probably with contrast medium

Do you have complaints?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes what and since when?
<b>Height ?</b> cm <b>Bodyweight?</b> kg	
Previous X-Ray or computed examinations?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes what, where and when?
Previous nuclear medicine examinations (e.g. bone scintigraphy, thyroid scintigraphy or kidney scintigraphy ?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes what, where and when?
Previous cancer or tumor irradiation ?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes what, where and when?
Do you have or did you have infectious diseases like HIV/AIDS, hepatitis or tuberculosis ?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes what and when?
Are you allergic to contrast media or things like latex, patches, disinfectant, narcotics ?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes which ones ?
Do you suffer from asthma ??	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are you in use of pain killers (eg. Diclofenac, Paracetamol)??	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes which ones?
Did you already have a surgery in the region which ist o be examined ?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, what?
Are any kidney diseases or insufficient kidneys known to you ?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Wenn ja, welche?
Did you have a kidney transplantation ?	Ja: <input type="checkbox"/> Nein: <input type="checkbox"/>
Have you got a thyroid overfunction or any other disease of the thyoid (e.g. Hashimoto, Basedow ?)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes which one ??
Are you diabetic ?	Yes <input type="checkbox"/> No: <input type="checkbox"/>
<b>Name and address of your general practitioner (if not referring doctor)</b>	
<b>Additional question for women:</b> Are you pregnant or could you be pregnant ?	Yes <input type="checkbox"/> No: <input type="checkbox"/>

■ Declaration of consent

I agree with the implementation of the Computed tomography:



Yes:

No:

I consent to an injection of a contrast medium should it be necessary:



Yes:

No:

I agree with the sending of my findings reports to my referring doctor and my general practitioner:



Yes:

No:

You can revoke the declaration of will any time by written notice.



Date

Signature

Rechtfertigende Indikation gestellt.

Unterschrift des **Arztes**:



**Patient information:** Computed tomography probably with contrast medium

**Your Name:** \_\_\_\_\_

Ersteller: Hr. Engel, Freigeb.: QMB, Rev.01/14.02.2020

Your treating doctor has recommended for you a computed tomography (CT). The examination will lead with high probability to a detailed diagnosis of your disease or a suspected disease can be excluded.

**👉 Please keep in mind, that we as radiologists don't give any recommendation for treatments. Your attending doctor (referring doctor) will inform you of useful therapies.**

■ **What is a computed tomography (CT)?**

The CT is an imaging X-Ray.

You are lying on an examination table and you will be ported into the machine through a short open ring. The examination is possible, even with claustrophobia. Please stay calm and relaxed. Depending on the examination you will be asked to inhale very deeply or to stop air. The examination takes only some minutes.

■ **Are there any complications during the computed tomography possible?**

**Only in exceptional cases:**

The radiation of our modern CT is low, it's higher as normal (conventional) X-Ray. The results of this examination is much more detailed.

We are radiation protection specialists and you can be sure, that we will check the need of your examination. If you need further information of the radiation please ask us before the examination.

■ **Are there alternative investigation methods?**

Normal (conventional) X-Ray, Magnetic resonance imaging, ultrasound or nuclear medicine examinations. Sonar tomographie, Ultraschall oder nuklearmedizinische Untersuchungen. We and your referring doctor have chosen the most suitable examination method for you.

■ **What sort of complications are possible with contrast media?**

The side effect of modern contrast media is very low. Because of i.v. injection there is the very rare possibility of bruises, infections or inflammations. In case of a paravasate, that is the contrast medium is not floating into a vein, but into the surrounding area, one should not expect serious complications.

Because of contrast medium (and possible additional medication) there is the possibility of intolerance reactions and allergic reactions. These cases are very rare and in most cases there are only mild reactions like rash and itching. By known iodine allergy it is contraindicated to apply contrast medium. For examinations of the abdomen there is the possibility of additional drinking contrast medium, which contains barium, no iodine.

In case of kidney diseases or insufficient kidneys there is the possibility of renal failure after application of contrast medium. In case of insufficient kidneys no contrast medium will be applied.

Because of contrast medium containing iodine there is the possibility of a development of a thyroid overfunction. Symptoms are heartiness, nervousness and increased sweating. If you develop these symptoms please contact your doctor.

You should drink a lot in the next 24 hours after the examination (sparkling water, tea).

■ **Additional information for women**

Please inform us immediately if you are pregnant or the possibility of pregnancy. In case of pregnancy a computed tomography is forbidden. The abstain after application of contrast medium is not necessary.

■ **Rejection of examination or application of contrast medium**

If you reject the CT examination or the application of contrast medium you risk disadvantages of your health. Therapies/surgeries are possibly delayed or not done at all.

■ **Data protection and confidentiality**

According to medical professional regulations and laws (SGB V) we are obliged to report the result of the examination to your referring doctor. All external service providers with contact to personal data are subject to the duty of silence.

**👉 I have read and understood the patient information.**



Date

Signature

Der Patient/die Patientin hat keine weiteren Fragen und ist mit der Kontrastmittelgabe einverstanden.

Unterschrift des **Arztes:** \_\_\_\_\_

